

# ATTACHMENT

## School-Based Services documentation requirements

### Individualized Education Program documentation

Wisconsin Medicaid requires school-based services (SBS) providers to include Individualized Education Program (IEP) information in each child's record. All services for the child must be listed in the IEP to be reimbursed by Wisconsin Medicaid. This information must be kept for at least *five years* and include the following:

- Documentation used to develop an IEP (e.g., IEP Team reports, tests).
- The annual IEP revision documenting the child's progress toward treatment goals, changes in physical or mental status, and changes in the treatment plan (progress notes not required for transportation).
- A description of durable medical equipment. (Include the item name, model number or a description, and the invoice, receipt, or cost.)

### Documenting face-to-face sessions

In addition to the previously listed items, each child's file must include a signed record documenting each face-to-face session with a performer. Documentation (either electronic or handwritten medical records) must be kept for at least *five years* and include the following information:

- School's name.
- Student's name (including first and last name).
- Student's birth date.
- The prescription for the service, when required.
- Category of service provided (e.g., speech and language pathology).
- Date(s) of service. Several dates or sessions may be included on one record if they are for the same category of service.
- Time, quantity, or miles provided. (Units are documented when submitting claims.)
- Whether service was provided in a group or individual setting.
- Services are listed in the IEP.
- Documentation that the child was present at IEP meetings for the meeting to be covered by Wisconsin Medicaid.

- Attendance records verifying the child was in school on the date(s) of service.
- Brief description of the specific service provided.  
Here are a few examples that include the level of detail Wisconsin Medicaid requires:
  - ✓ Activities of daily living, such as "buttoning skills."
  - ✓ Range of motion (ROM), such as elbow or wrist ROM.
  - ✓ Medication management, Tegretol, 200 mg (oral).
- Student's progress or response to each service delivered is required for nursing services and recommended for all other services<sup>1</sup>. (Progress or response is not required for transportation or transferring.) Monthly progress and response notes are required for all other school-based services.
- Documentation of contacts with fee-for-service providers (if any) at least annually (e.g., an SBS speech-language pathologist and a community speech-language pathologist discuss the progress of a student with whom they each work).
- Documentation of contacts with non-Medicaid providers (if any) at least annually. Examples of non-Medicaid providers include a physician or nurse practitioner in private practice who is not Medicaid certified.
- Documentation of contacts with state-contracted HMOs (if any) at least annually. (Memorandums of Understanding between SBS providers and state-contracted HMOs in their service areas are required.)
- Name and signature of individual who performed service(s).
- Commercial insurance information (for therapy services only). When the child has insurance, this includes documentation of billing commercial insurance or decreasing the units billed to Wisconsin Medicaid.

<sup>1</sup> Refer to the April 2003 *Wisconsin Medicaid and BadgerCare Update* (2003-21), titled "Covered nursing services provided under the school-based services benefit" for more information about documenting a student's progress to nursing services.